

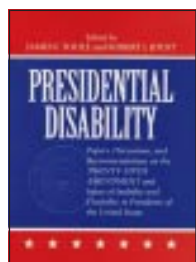
reviews

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Presidential Disability

Papers, Discussions, and Recommendations on the Twenty-Fifth Amendment and Issues of Inability and Disability in Presidents of the United States

Eds James F Toole, Robert J Joynt



University of Rochester Press,
£80, pp 562
ISBN 1 58046 069 0

Rating: ★★★

On the assassination of John F Kennedy in November 1963, Lyndon Baines Johnson became president of the United States. He had had a severe heart attack in 1955. As there was no constitutional provision for the succession of a new vice president, if Johnson had died or become unable to exercise his responsibilities after succeeding to the presidency, the aged speaker of the House of Representatives, John McCormick, would have become president.

If the assassin had been just a bit off target and had left Kennedy seriously disabled, there was no precedent or constitutional provision to deal with the ensuing crisis of leadership. The question of succession in the case of disability had been left unsettled when, in 1881, an assassin shot President James A Garfield. Garfield survived incapacitated until his death 81 days later. Congress was not in session and there were no pressing problems. The government was less

fortunate when President Woodrow Wilson had a major stroke at the time of the Paris Peace Conference in 1919. Severely disabled, he was unable to negotiate the Senate's ratification of the Treaty of Versailles, which would have made the United States a member of the League of Nations.

What would have happened if President George W Bush or Vice President Richard Cheney or both had been victims in the terrorist attack on 11 September? If they had both died, the current speaker of the House of Representatives, Dennis Hastert, a Republican from Illinois, would have become president. Were the president to have become disabled, the 25th Amendment of the United States constitution, enacted by Congress in response to the Kennedy assassination, prescribes general procedures that would have been followed.

The amendment left many questions unanswered and has been the subject of three conferences in 1995 and 1996, of countless treatises, and of several hundred pages of discussion and debate. These are presented in full in this fascinating, exhaustive, and, indeed, exhausting tome. While determination of physical or mental impairment was recognised to be a medical responsibility, should the decision to determine the president's inability "to discharge the powers and duties of his office" be solely a political judgment, as the amendment implies? How is medical impairment to be determined and by whom? Should medical judgment be solely the responsibility of the president's personal doctor, for whom there may be a conflict of interest, or should there be a "consulting commission" charged with that responsibility? To what extent does

the public have the right to know the extent of a president's disability, and how is this to be reconciled with the right of the president as a patient to privacy and confidentiality?

Determination of medical impairment and of political inability and disability has faced and continues to face a number of seemingly insuperable obstacles. Foremost among these is the inherent reluctance of presidents or their doctors to acknowledge impairment or perhaps to recognise it. Failure of leaders to recognise or to admit disability, even of a profound degree, is well documented in the United States, the United Kingdom, and elsewhere. Notable recent examples include Winston Churchill after his heart attack in 1955 during his second term as prime minister and President Franklin D Roosevelt in the final months of the second world war. Although Roosevelt knew that he had cardiovascular disease, he went to great lengths to hide it both from his physician and from the public.

The assessment of lesser degrees of disability and the decision where to draw the line in declaring medical impairment are less clear. Should the 25th Amendment have been invoked by Ronald Reagan after surgery for bowel cancer or by his vice president when he was shot, by Lyndon Johnson after "a severe heart attack," or by the elder George Bush while undergoing treatment for hyperthyroidism and atrial fibrillation? It was not, nor have the relevant sections of the amendment been invoked at any time since its ratification in 1967.

The 25th Amendment left much unspecified, and the consensus reached at the conference was that it should remain that way, to be interpreted as special circumstances dictate. The president and vice president are left to prescribe action as they themselves decide.

John Bunker *visiting professor of epidemiology and public health, University College London*



Garfield: incapacitated

Wilson: stroke

Roosevelt: heart disease

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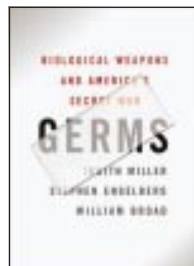
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Germ: Biological Weapons and America's Secret War

Judith Miller, Stephen Engelberg, William Broad



Simon and Schuster, \$27, pp 382 ISBN 0 684 87158 0

Rating: ★★★★★

In 1984 the Baghwan Shree cult used *Salmonella typhimurium* to infect salads in 10 restaurants in the small Oregon town of The Dalles. About a thousand people became ill; 751 were confirmed to have salmonella, making it the largest outbreak in Oregon's history.

Two women leaders of the cult who fled to Germany were extradited back to the United States in 1986, tried, and convicted of attempted murder by causing the salmonella outbreak. Both were released after serving four years in a federal prison, but fled again to Europe before state charges could be brought against them.

The Baghwan Shree's attack kicks off this well researched and comprehensive book on biowarfare. The book is the result of a three year investigation by Judith Miller, a contribu-

tor to the *New York Times* since 1977, Stephen Engelberg, a reporter on national security for over a decade and now investigations editor for the *New York Times*, and William Broad, a science writer for the *New York Times* since 1983. As they say, the book points to "germs as the weapon of the 21st century."

Germ continues with a history of the US germ development programme at Fort Detrick in Maryland, and the work of Nobel prize winner Joshua Lederberg, the founder of microbial genetics and gene transplantation, which led to the "weaponising" of existing strains of bacteria. Engineered resistance to antibiotics created "superbugs."

Both the United States and the former Soviet Union now entered a deadly new biowarfare competition. The Biological and Toxin Weapons Convention of 1972, signed by the United States, Soviet Union, and more than 100 other nations, did not stop the Soviet Union from cheating on a massive scale. The accident at a military compound in Sverdlovsk in 1979, when a cloud of anthrax was released causing from 68 to 105 deaths, gave the show away. Final proof was confirmed when one Soviet scientist, Vladimir Pasechnik, defected to Britain in 1989, and another, Ken Alibek, to the United States in 1992.

Chapters on Saddam Hussein's biowarfare programme, the Aum Shinrikyo cult's unsuccessful dozen or more attempts to attack using anthrax and botulinum toxin from 1990 to 1995, and the enormous Soviet biowarfare establishment Biopreparat make compelling reading.

President Bill Clinton was greatly impressed by *The Cobra Event*, a novel by Richard Preston. It is the story of a mad scientist's determination to thin the world's population by infecting New York City with a designer pathogen. At a closed meeting of officials from the United States, Canada, Britain, and Japan, convened by the Clinton Administration in 1995, retired microbiologist William Patrick, with years of experience at Fort Detrick, described how easily a terrorist could make a lethal culture of *Francisella tularensis* in a garage, and disperse it. He ended, "My conclusion today is not if terrorists will use a biological weapon but when and where."

The authors of *Germ* write that American intelligence officials briefly considered the possibility that the West Nile virus, reported in various parts of the United States in the past couple of years, had been unleashed against America as part of a biological attack.

After finishing the book, one wonders whether this is science fiction or whether it is for real. The authors answer that question: "We conclude that the threat of germ weapons is real and rising, driven by scientific discoveries and political upheavals around the world."

In light of the recent anthrax attacks in Florida, New York, and Washington, I must agree. I would add only that this book is definitely not bedtime reading.

Fred Charatan retired geriatric physician, Florida, USA

Unspeakable Truths: Confronting State Terror and Atrocity

Priscilla Hayner



Routledge, £16.99, pp 340 ISBN 0 415 92477 4

Rating: ★★★★★

The programme director of the International Centre for Transitional Justice in New York has produced a scholarly yet compellingly written review of the 21 official truth commissions established around the world since 1974 to document state crimes and to address concepts of reparation, reconciliation, and reform.

Hayner starts with an anecdote. "Do you want to remember, or to forget?" she asked a Rwandan government official who had lost every single member of his family in the 1994 genocide. He replied, "We must remember what happened in order to keep

it from happening again. But we must forget the feelings that go with it. It is only by forgetting that we are able to go on."

Paying particular attention to the truth commissions established in South Africa (the only one to hold public hearings), Argentina, Chile, El Salvador, and Guatemala, Hayner examines assumptions that giving victims the chance to speak offers a healing catharsis, and that truth leads to reconciliation.

Some cases run the other way. In Mozambique, the accepted, though largely unstated, belief was "the less we dwell on the past, the more likely reconciliation will be." In a country where one million civilians had been tortured, maimed, or murdered, there were virtually no calls for accountability and punishment, and traditional healing mechanisms (which do not include talking about traumatic experiences) were deployed extensively at the grass roots. In Cambodia, there was a fear of talking about a still contentious period, not least since many prominent people had once been affiliated with the Khmer Rouge, and Cambodian Buddhism teaches that reconciliation does not require retribution and justice.

Trade offs between truth and justice were typical. The Guatemalan minister of defence made the position clear in 1994: "We support a truth commission. Just like in Chile: truth, but no trials." In El Salvador, the

parliament passed a sweeping amnesty into law just five days after the truth commission report was published, bearing out the pessimism of the peasant farmer who much earlier had told Hayner that he wouldn't be giving testimony because "I would lose a day of work and nothing would change."

Truth commissions inevitably raise expectations that can only partially be met. None the less, their work in Chile and Argentina paved the way for financial reparations for the families of victims, in El Salvador promoted crucial judicial reforms, and in South Africa comprehensively demolished almost any defence of the apartheid era.

This book tackles the questions that will not go away (and in the United Kingdom have been played out in the Bloody Sunday inquiry, which is a kind of truth commission). Arguably the core effect of truth commissions is to create a major narrative within societal memory, but whether this makes a long term difference is another matter. When Hayner queries whether a democratic society can be built on a foundation of a denied or forgotten history, I think of her own nation: the United States arose out of the near genocide of "Indian" civilisation in North America.

Derek Summerfield psychiatrist, South London and Maudsley NHS Trust, London



Cannabis the wonder drug?

At a secret location in the home counties of England, 15 000 cannabis plants are being grown quite legally. They are being bred from strains whose names—Hindu Kush, Skunk, Northern Lights, Gloria—are redolent of the Amsterdam coffee house scene. Their psychoactive seed heads, which stand over two metres high, are carefully studied—but never smoked. For these plants are being cultivated as part of the world's first commercial trial of medicinal cannabis.

The company behind the trial, GW Pharmaceuticals, based at Porton Down Science Park in Wiltshire, has had a rather good fortnight. Firstly, the home secretary, David Blunkett, announced on 23 October that the government would liberalise the law concerning possession and use of cannabis. He also indicated that he would be ready to license cannabis for medicinal use to treat multiple sclerosis and other conditions as soon as research trials were completed. Most commentators (including, albeit grudgingly, the *Daily Mail* leader writers) seemed to approve. On 24 October shares in GW Pharmaceuticals jumped from 13p to 108p.

Secondly, the press this week hailed cannabis as a wonder drug and a miracle cure.

Under the headline "Cannabis proves a medical miracle," the *Observer*, a newspaper not normally known for its hype, reported on 4 November that the first clinical trials of cannabis were showing that it was "capable of transforming the lives of very sick people."

After decades of cannabis being condemned as one of the scourges of Western society, this all seemed a bit too good to be true. Were these claims going too far? What sort of evidence was available?

The source of the *Observer's* story was the BBC 1 *Panorama* documentary "Cannabis from the chemist," broadcast on 4 November. The programme looked at two separate trials—a pilot study (n=23) in East Anglia of the effects of cannabis on the pain caused by nerve damage, and the early stages of a much larger trial in Oxford of the effects of cannabis on people with multiple sclerosis. The programme did not make clear the total number involved in the latter trial—its medical director said in passing that he had initially seen 20 patients—and based its conclusions on the experiences of Sandra, Tyrone, and Jo (n=3).

GW Pharmaceuticals is the only company in the United Kingdom that has been given a licence to grow cannabis for medicinal use. *Panorama's* journalists were the only ones to have access to those taking part in the company's trials. Alex, who had a spinal injury, and Sandra, Tyrone, and Jo, who all had multiple sclerosis, received daily doses of cannabis sprayed under the tongue. They all showed remarkable progress. Although none of them had expected to be cured, they all experienced relief from pain. Jo, the 58 year old wife of a school chaplain, had



Panorama reporter Steve Bradshaw amid legally grown cannabis

struggled to lift her legs before the trial but afterwards was able to lift them 25 times. She hailed the drug's effects as "miraculous," and her husband said, "It's not a word that either of us would use lightly."

Dr Willy Notcutt of the East Anglian pilot study said, "The results so far have exceeded what I dared hope for... we are seeing 80% of our patients getting good quality benefit from the cannabis." Some were getting almost total pain relief, he said. "We have seen their pain scores go down to zero."

More dramatic claims were made by Professor Lester Grinspoon of Harvard Medical School, one of the world's leading proponents of medicinal cannabis. Although not involved in the trials, Grinspoon claimed that cannabis would "eventually be used by millions of people around the planet." Just as penicillin "was considered the wonder drug of the 1940s," he said, cannabis "will eventually be seen as the wonder drug of the 21st century."

On *Panorama's* website (www.bbc.co.uk/panorama) the next day, Philip Robson, medical director of the Oxford trials, expressed concern about newspaper "wonder drug" headlines. He said: "We have to keep this in perspective. This seems to be a medicine which is incredibly useful for people who haven't had very much luck with the standard medicines, and that is really good, but I think to talk about wonder drugs and miracle cures is way over the top."

But newspaper headline writers can hardly be blamed for their "wonder drug" approach to the story. *Panorama* had given them plenty to go on, concluding: "We could see the drug in the chemist in just two years." Admittedly, Grinspoon's wild optimism was balanced with words of caution from, among others, Susan Greenfield, professor of pharmacology at Oxford University, who said: "The very term wonder drug is very frightening." And it would have been odd if *Panorama* had not embraced the opportunity to follow this historic experiment. But the result was rather like a commercial for GW Pharmaceuticals, even though the company's name was never mentioned.

Trevor Jackson *BMJ*
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WEBSITE OF THE WEEK

Headlice Headlice may not always make headlines, but there is no doubting their importance—ask any parent, teacher, general practitioner, or practice nurse. For an essentially harmless condition there is the potentially toxic effect of the treatments and the possibility of local resistance (p 1084). You wouldn't think that there are many head lice pundits in the world—that is, until you search the net.

For straightforward, no nonsense facts on cause, transmission, and current suggested treatments, you won't need to go much further than the sites of the Department of Health (www.doh.gov.uk/headlice) and Harvard School of Public Health (www.hsph.harvard.edu/headlice.html). For a balanced approach to all methods of eradication—chemical and combing—the best site I found was www.chc.org/bugbusting/

Plain, reassuring advice for frustrated parents whose children continually cycle from one attack to another is available from www.liceinfo.com, and www.headlice.org offers a good FAQ (frequently asked question) area and tells you what to say to the nursery when your child is turned away. "Children should not be sent home or isolated in any way," it says authoritatively.

Complementary or natural remedies are well represented on the net. www.headliceure.com and www.naturalmom.com both offer "to cure head lice without pesticides." Tea tree oil seems the most popular choice. For lice detection equipment look no further than www.head-lice.com/ The Model 580 magnifying eye specs lice detector, complete with mounted halogen headlight, is a snip at \$150.

For kids at prestigious schools in America, www.licenders.com offers a "premier service for the identification and treatment of head lice." The company's technicians can inspect 200 kids an hour and use "equipment that is state of the art." American combs—just bound to have more teeth.

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PERSONAL VIEW

Beyond breaking point

I can well remember how irritated I was as a tired house officer having to deal with the “bloody overdoses.” I never imagined that a quarter of a century later I would become one.

The situation unfolded over a few months. I don’t know which was worst—the early suspicion and the wondering if I was suffering from pathological jealousy? The onion skin layers of revelation peeled back over a few excruciating days? The awful tension when all was revealed but we remained living together while the new relationship was in full, heady swing? Or the utter loneliness after we parted? It seems, and I have since had this confirmed by others, that a new love affair may make someone who is normally deeply caring quite insensitive. He or she is on such a high that no one else can possibly be unhappy.

Rattling around in a large, previously marital home with diminishing amounts of furniture was distressing. This despite the incredible support of friends and the partners and staff at the practice where I had worked for 20 years, who became a surrogate family. Nothing in those first few months can prevent the feelings of despair late in the evening when you return to the physical and emotional emptiness. One of the first things that I learnt was how overwhelming the waves of distress can be and how good the Samaritans phoneline is to help someone through those dreadful moments.

It was at this point that I put aside a fair quantity of diazepam and chlorpromazine tablets as a sort of insurance policy that if things became too bad there was a way out. I had planned to consume them with alcohol somewhere remote and romantic. Having the tablets was a comfort.

As despair turned to acceptance and divorce became inevitable, it became apparent how unpleasant it was to draw a line under a large portion of my life and to have unhurried solicitors conducting financial negotiations, but it was not as bad as the initial pain. More unexpected was the reaction when, months after separation, I unexpectedly began a new relationship. It was incomprehensible that my spouse could be enjoying the pleasures of a new association and yet become extraordinarily jealous when I did. Coming home was difficult now

because of what message might be on the answering machine.

It was this secondary pain that proved intolerable. Several months after the separation and following a particularly hurtful telephone message, I used the tablets. It was not especially dramatic or impulsive, more a feeling that I had had enough. I completed my day’s work, went for one of my favourite walks, tidied up a few loose ends, and took the tablets, with alcohol but nowhere romantic, just in my own bed.

My clearest memory of that time is the sense of utter peace and release of tension as the sedation set in. I hadn’t felt so good for months. I really don’t know if I wanted to die. I wanted to escape and I certainly didn’t consciously want to change anyone’s behaviour. Now, I can

hardly believe that I could do something that could have such a potentially devastating effect on the children. Then, I felt that I was so useless it wouldn’t matter. I let down the friends who had been so kind, giving them guilt that they hadn’t done enough or, for the medical ones, that they hadn’t predicted this turn of events.

I have learnt that not all parasuicides are manipulative gestures. Some are withdrawals from an intolerable reality. Death is simply a coincidental risk worth taking. Medically I do not think that we should always blame ourselves if a patient takes or attempts to take his or her life. I certainly didn’t feel let down by my colleagues or by my general practitioner, much more the reverse. I was asked about suicidal feelings,

but denied them as most of the time I did not feel that way.

I have, I hope, more understanding of those near to despair—though no easy

solutions. I can better understand the bereavement of divorce, particularly for the partner “left” who has not made the choice but had it forced upon him or her. The loss of a 25 year old shared memory bank to call on later in life is a large blow. The financial readjustments, particularly for the higher earner, are considerable even for those who are comfortably off. The law is concerned chiefly with money and bears little relation to morality or natural justice.

There are consolations: new discoveries of oneself, the inestimable value of friendship, and the possibilities opened up, albeit not by choice. Reappraisal of the balance between material and spiritual wellbeing is probably healthy. Re-engagement is slow but happens.

Above all I have learnt that we really do all have a breaking point and some of those “bloody overdoses” have reached it.

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SOUNDINGS

Consultants’ hootenanny

Doctors gather in large numbers rarely and only for serious reasons—political, educational, or funereal. Our purely social occasions tend to be segregated by specialty or age, or to invoke a sense of duty. Most of us would be wryly amused at the thought of colleagues massing simply to have a good time.

Imagine my feelings, then, at being appointed, in my absence, social convener for the senior staff committee and asked to organise a morale boosting event for the consultants of our recently merged mega-trust. For years the driving force in each constituent hospital had been antipathy towards the others. Now we no longer squabbled. None of us knew enough colleagues to quarrel with.

The idea of a hootenanny emerged from discussion with my son, a socially skilled twentysomething. The committee greeted the idea with acclaim and suggested hiring Leeds Town Hall, scene of hospital tea dances in more spacious days. The consultant body responded enthusiastically to a mailshot. Only later did they admit that nobody knew what a hootenanny was.

Officially it is “a party with folk singing and sometimes dancing, *esp* an informal concert with folk music (*N Am colloq*).” Recently it was the title of a Jools Holland television show with several bands and an audience in one big studio. Surely a trust with more than 400 consultants could produce half a dozen musical groups.

Most medical school applicants can play an instrument. Almost all give up on acceptance, but a few maintain their skills into mid-life. These are wonderful people. Not only are they willing to stand up and be counted, but also they can persuade non-medical fellow musicians to turn up in return for a free supper.

The evening was magic. It started with an orthopaedic bagpiper on the steps and a professorial Dixieland band onstage. Female vocalists accompanied dinner with electric jazz and later a long haired Blues Brother played sax as he shuffled among the dancers. Volunteers in the gallery shone spotlights on the Soul Surgeons, swaying in a riot of colour. As midnight approached, an anaesthetist stood on a table and pumped out lead guitar. Man, the place was jumping.

Afterwards the committee agreed that our morale had indeed been boosted. Certainly, with a rock band at full volume nobody can hear you whinge.

James Owen Drife professor of obstetrics and gynaecology, Leeds

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